

Loudoun County Department of Animal Services

39820 Charles Town Pike

Waterford, VA 20197

703-777-0406 (Office)

540-882-3984 (Fax)



The CARE Program provides assistance to residents of Loudoun County who are elderly, disabled, or who are temporarily unable to care for their beloved companion animals. The program strives to preserve the bond between owners and their companion animals by keeping pets in loving homes.

If you would like to be considered for assistance, please complete the following application and submit all required documentation.

APPLICATION PROCESS

1. Your CARE application must be complete. All required documentation regarding monthly total household income and rent or mortgage expenses must be provided with your application.
2. Please return your application to Loudoun County Department of Animal Services for consideration.
3. The application will be reviewed for eligibility.
4. You will be notified when your application has been processed.
5. An in home consultation will be scheduled with eligible applicants.
6. You will be notified of final approval.

**Please contact Animal Services if you require assistance to complete your application.*

ACCEPTANCE

If accepted, you will be asked to select from one of our CARE participating veterinarians.

Assistance will be provided for a period of 6 months. You are required to re-apply if further assistance is needed.

SPAY/NEUTER AND MEDICAL APPOINTMENTS

1. Spay/neuter and medical appointments must be approved by Animal Services in advance.
2. CARE recipients must contact Animal Services to request assistance before obtaining veterinary care for their pet. CARE will not provide financial assistance for any services that are not pre-approved.
3. The CARE recipient will be notified of the terms of approval for each appointment.
4. The CARE recipient is responsible for contacting the veterinarian to make the appointment and must convey the terms of approval.
5. If additional funds are required during or following the appointment, the CARE recipient must contact Animal Services to request additional funds.
6. Animal Services will send a voucher outlining approved services to the veterinarian prior to all spay/neuter and medical appointments.
7. CARE recipients are responsible for transporting their pet to and from all medical appointments. If pet transport assistance is needed, the CARE recipient must make the request to Animal Services in advance.

ELIGIBILITY REQUIREMENTS

1. Applicants must reside in Loudoun County, Virginia.
2. All applications must be accompanied by proof of financial aid or limited income.
3. An in home consultation will be conducted prior to final approval of your CARE application.
4. No resident of the household under consideration for CARE benefits may have been convicted of violations regarding the care of animals.
5. Current rabies vaccinations are required for dogs and cats, vaccination must remain current.
6. Dogs must have a current dog license.
7. Confinement must be adequate per County and State Code. Any chained dog must be moved to a cable runner.
8. All dogs, cats and rabbits under considerations for CARE benefits must be spayed or neutered within 30 days of acceptance in to the program.
9. CARE assistance is only provided for animals that are in the home at time of first application for assistance. Obtaining additional animals after acceptance into the program will impact eligibility.
10. Approved CARE recipients must notify Animal Services when assistance is no longer needed.

PROOF OF FINANCIAL AID

Please provide one or more of the following:

1. Social Security income
2. Department of Aging
3. Medi-Care
4. Referrals from Social Services
5. SNAP
6. WIC
7. TANF
8. Federal Supplement
9. Disability checks
10. Limited income
11. Housing Choice Voucher
12. Red Cross for victims of natural disaster
13. LAWS program
14. Other forms of financial aid not listed and limited income situations will be considered on a case by case basis

APPLICANT INFORMATION

Full name: _____

Home address: _____

Home phone number: _____

Alternate phone number: _____

Social Security Number: _____

Date of birth: _____

(Optional) Emergency contact name and phone number:

How did you hear about the CARE program?

Financial Information

Total household gross income per month: _____.

(Total monthly earnings; please include total financial aid, child support for all contributing members in household)

***Proof of income required with your application.**

Monthly rent or mortgage: _____.

***Please include a copy of mortgage statement or lease with your application.**

Number of adults in the household: _____ Children: _____

Loudoun County Department of Family Services

Case Worker Name: _____ Telephone Number _____

Does your household currently receive the following, if yes, please indicate amount next to type of income received?

- | | |
|---------------------------|---------------|
| 1. Social security income | \$ _____ |
| 2. Department of aging | \$ _____ |
| 3. Medi-Care | \$ _____ |
| 4. SNAP | \$ _____ |
| 5. WIC | \$ _____ |
| 6. TANF | \$ _____ |
| 7. Federal Supplement | \$ _____ |
| 8. Disability checks | \$ _____ |
| 9. Housing Choice Voucher | \$ _____ rent |
| 10. Child Support | \$ _____ |

Pet Information

How many pets in the household? _____

Name: _____ Dog/Cat/Other: _____

Breed: _____ Color: _____

Age: _____ Sex: _____ Spayed/Neutered: _____

If female, is she in heat? Yes or No Pregnant? Yes or No

How many previous litters or breeding's? _____

Has your pet had a distemper vaccination? Yes or No If yes, expiration date _____

Rabies vaccinated? Yes or No If yes, expiration date _____

Name of veterinary clinic the vaccinations were given: _____

Is your dog current on County Dog License? Yes or No Dog License # _____

Is the pet primarily: inside: _____ outside: _____

Type of confinement: _____

How long have you had this pet? _____

How acquired? _____

Other Pets

Please list additional pets here:

***Please print one sheet per additional pet, to document all pets presently in household**

Name: _____ Dog/Cat/Other: _____

Breed: _____ Color: _____

Age: _____ Sex: _____ Spayed/Neutered: _____

If female, is she in heat? Yes or No Pregnant? Yes or No

How many previous litters or breeding's? _____

Has your pet had a distemper vaccination? Yes or No If yes, expiration date _____

Rabies vaccinated? Yes or No If yes, expiration date _____

Name of veterinary clinic the vaccinations were given: _____

Is your dog current on County Dog License? Yes or No Dog License # _____

Is the pet primarily: inside: _____ outside: _____

Type of confinement: _____

How long have you had this pet? _____

How acquired? _____

Assistance Requested

Spay _____ Neuter _____ Food _____ Medical _____

Explain type of assistance requested: _____

Anticipated term of need: _____

I certify that the above information is accurate and true. I authorize the Loudoun County Department of Animal Services to contact any sources necessary to establish accuracy of the information given by me. I also certify that the animal(s) listed in the application belong to me.

I certify that I, nor any members of my household have ever been convicted of any violations regarding animal care.

Applicant signature _____ **Date** _____

Note: Each complete application will be processed within two weeks of receipt.

VERIFICATION (For Office Use Only)

Verified by: _____ **Date:** _____

Eligible applicant: Yes or No

Comments: _____

Home consultation by: _____ **Date:** _____

Certificate valid until: _____

Name of selected veterinarian: _____